#### 510(k) SUMMARY

as required per 807.92(c)

JUL 2 0 2001

#### Submitters Name, Address:

Siemens Medical Systems, Inc.

Electromedical Systems Group, PCS

Danvers, MA 01923 Tel: (978) 907-7500 Fax: (978) 750-6879

Official Correspondent: Connie Hertel, Director, QA/RA Contact person for this submission: Penelope H. Greco

Date submission was prepared: June 26, 2001

### Trade Name, Common Name and Classification Name:

#### A. Trade Name:

Siemens Medical Information Bus (MIB II) Protocol Converter

Common Name, Classification Name, Class and Regulation Number:

Common Name	Product Code	<u>Class</u>	Regulation Number
Monitor, Physiological, Patient (with	MHX	Ш	21 CFR 870.1025
arrhythmia detection or alarms)			
Arrhythmia detector & Alarm	74DSI	III	21 CFR 870.1025

#### Legally Marketed Device Identification:

Siemens SC 8000 K983632

SC 8000 w/Advanced Communication Option, K990563

Siemens INFINITY MIB II Protocol Converter, K010640

#### **Description of Modification:**

The SC 8000 Advanced Communication Option II is equivalent to that submitted in K990563 in that it converts signals, to a form that the SC 8000 can process and display, from external devices:

MultiGas and MultiGas+ modules (K965062)
Surgical Display Controller (K970348)
Medical Information BUS Protocol Converter (MIB and MIB II)
(K970368, K973222, K99166, K003248, and K010640)

A modification has been implemented in the SC 8000 Advanced Communication Option II to accommodate RJ45 connectors for interfacing to the MIB II Protocol Converter (K010640). The MIB II Protocol Converter supports the new IEEE 1073.3.2-2000, Standard for Medical Communications – Transport Profile – irDA Based – Cable Connected.

#### Intended Use:

The INFINITY SC 8000 monitor is intended for multi-parameter patient monitoring. The device will produce visual and audible alarms if any of the physiological parameters monitored vary beyond preset limits and timed or alarm recordings will be produced. This device will connect to a Siemens R50 Bedside recorder, either directly or via the INFINITY Network.

#### COMPANY CONFIDENTIAL

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# Special 510(k): Device Modification SIEMENS INFINITY SC 8000 with Advanced Communication Option II

Assessment of non-clinical performance data for equivalence: Section J

Assessment of clinical performance data for equivalence: Not applicable

Biocompatability: Not applicable

Sterilization: Not applicable

Standards and Guidances:

1073.3.2 – 2000 IEEE Standard for Medical Communications Transport Profile – IrDA Based – Cable Connected

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Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

## JUL 2 0 2001

Ms. Penelope H. Greco Regulatory Submissions Manager Siemens Medical Systems, Inc. Electromedical Systems Group, PCS 16 Electronics Avenue Danvers, MA 01923

Re: K012016

Trade Name: INFINITY SC 8000 with Advanced Communications Option II

Regulation Number: 21 CFR 870.1025

Regulatory Class: III (three) Product Code: 74 MHX Dated: June 26, 2001 Received: June 28, 2001

#### Dear Ms. Greco:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general control provisions of the Act. The general control provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the

Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4645. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

James E. Dillard III

Director

Division of Cardiovascular and Respiratory Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Indicated Use Statement	Page 1_of_1
510(k) Number (if known): <u>KO12016</u>	
Device Name: INFINITY SC 8000 Monitor Indications for Use:	
The INFINITY SC 8000 Monitor is capable of monitoring:  Heart rate Respiration rate Invasive pressure Non-invasive pressure Arrhythmia Temperature Cardiac output Arterial oxygen saturation Pulse rate Apnea ST Segment Analysis 12-Lead ST Segment Analysis tcpO2/tcpCO2 EEG signals FiO2  With the MultiGas and MultiGas+ modules the monitor is capable of measuring res Inspired and expired Carbon Dioxide (CO2), inspired and expired Oxygen (MultiGinspired Oxygen (MultiGas only), inspired and expired gas concentrations of Enflut Isoflurane, Desflurane, Sevoflurane, and Nitrous Oxide.	as+ only), average rane, Halothane,
With etCO2 the monitor can measure end tidal carbon dioxide, inspired carbon dioxide rate in either mainstream or side-stream measurement mode	
With the INFINITY etCO2 + Respiratory Mechanics Pod the monitor can provide spiromet monitoring.	ric and carbon dioxide
The monitor can interface with specific third party devices via an MIB protocol conver	ter.
The device is intended to be used in the environment where patient care is provided by Professionals, i.e. Physicians, Nurses, and Technicians, who will determine when use of indicated, based upon their professional assessment of the patient's medical condition.	Healthcare of the device is
The device is intended to be used on Adult, Pediatric and Neonatal populations, with the parameter Cardiac Output and ST Segment Analysis which are intended for use in the populations only; Arrhythmia which is not intended for use in neonatal mode; and tcpC used in the neonatal population only when the patient is not under gas anesthesia.	adult and pediatric
MRI Compatibility Statement: The INFINITY SC 8000 Monitor is not compatible for use in a MRI magnetic field.	
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAC	GE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Division of Cardiovascular & Respiratory Devices

510(k) Number

Over-The-Counter Use\_\_\_\_

Prescription Use V (Per 21 CFR 801.109)